PTO/\$8/06 (08-03)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Approved for use through 7/31/2006, OMB 0651-003 2 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE PATENT APPLICATION FEE DETERMINATION RECORD Application of Docker Muraber 19-42933 / Substitute for Form PTO-875 CLAIMS AS FILED - PART I (Cotumn 1) (Calumn 2) OTHER THAN SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILEO BASIC FEE NUMBER EXTRA RATE FEE (37 CFR 1.16(a)) RATE FEE TOTAL CLAMIS (37 CFR 1.16(c)) OR minus 20 : INDEPENDENT CLAIMS (37 CFR 1.16(b)) OR minus 3 a MULTIPLE DEPENDENT CLAIM PRESENT OR (37 CFR 1.16(d)) " If the difference in column 1 is less than zero, enter "0" in column 2 OR TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column I) (Column 2) (Cotumn 3) OTHER THAN 3 SMALL ENTITY OR CLAIMS HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT AFTER RATE PREVIOUSLY ADO: EXTRA AMENDMENT RATE ADO: PAID FOR TIONAL Total ENDM TIONAL 23 Minus (37 CFR 1,16(c)) independent (37 CFR 1.16(b)) x:25: x150= Minus OR x s/00 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(0)) x <u>, 20</u>0. OR + \$ LBO= +:360. OR TOTAL TOTAL ADD'L FEE OR (Column 1) ADD'L FEE (Column 2) (Column 3) CLAINS HIGHEST REMAINING NUMBER ENT PRESENT AFTER RATE PREVIOUSLY ADDI-EXTRA AMENDMENT RATE ADOL TIONAL PAID FOR Total (3) CFR 1.16(c)) AMENDM TIONAL FEE Minus 1 , Z5 = Independent (3) CFR 1.16(b)) Minus OR x s<u>50</u> = x 1/00= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(4)) 1.1200-OR 180= +340. OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST NUMBER PREVIOUSLY REMAINING PRESENT AFTER RATE AMENDMENT **EXTRA** RATE ENDM PAID FOR TIONAL Total TIONAL Minus FEE P1 CFR 1.16(c)) FEF Independent (37 CFR 1.16(b)) x 125 = Minus CR × :<u>50</u> = x \$100=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(a))

ADD'L FEE OR COMPLETED FORMS TO THIS ADD'L FEE OR ADD'L FEE OR COMPLETED FORMS TO THIS ADD'L FEE OR COMPLETED FORMS TO THIS

+:/80=

TOTAL

OR

OR

x 1. ZDO:

+ 360

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2